DOCUMENT RESUME

ED 314 772 CS 506 973

AUTHOR Rolls, Judith A.
TITLE The Recovering Female Alcoholic: A Family Affair.
SPONS AGENCY Social Sciences and Humanities Research Council of Canada, Ottawa (Ontario).
PUB DATE Nov 89
NOTE 21p.; Paper presented at the Annual Meeting of the Speech Communication Association (75th, San Francisco, CA, November 18-21, 1989).
PUB TYPE Reports - General (140) -- Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Alcohol Abuse; *Alcoholism; Child Development; Communication Research; Divorce; Drug Therapy; *Family Counseling; *Females; Foreign Countries; *Interpersonal Communication; Marriage; Parent Child Relationship; Psychological Studies
IDENTIFIERS Alcohol Wellness; *Family Communication

ABSTRACT

To ensure a positive prognosis, the recovering female alcoholic requires family therapy as an adjunct to her regular treatment program. Research indicates that the characteristics affecting a person's ability to secure and use treatment include (1) predisposing factors; (2) attitudes toward alcohol and health care; (3) personal enabling factors; and (4) social factors. Children of alcoholic mothers may not learn to trust, may come to believe that their lives are normal, and may develop insecure, unpredictable relationships with their mothers. Husbands of these women often see no reason to be involved in their wives' treatment, claim professional responsibilities as excuses for not being involved, and tend to leave their wives. These men may resent the time the women spend in treatment, and may be skeptical of the need for total sobriety. The mother's drinking, and the later cessation of her drinking after treatment, may disrupt family roles. Hence, each member requires therapy, as does the overall family unit. Because of the mother's central role in the family there is a necessity for a forum for family members to express themselves and to learn new communication styles. Two case studies illustrate the benefits of family therapy for recovering female alcoholics and their families. (Twenty-seven references are attached.) (SG)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED314772

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Judith A. Rolls
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

THE RECOVERING FEMALE ALCOHOLIC:

A FAMILY AFFAIR

Judith A. Rolls
University College of Cape Breton
P.O. Box 5300
Sydney, Nova Scotia, CANADA
B1P 6L2
(902) 539-5300

75th Annual
Speech Communication Association Convention
San Francisco Hilton
San Francisco, California
November 18-21, 1989

CS506973

Abstract

Supported by case studies and a review of the literature, this work argues that to ensure a positive prognosis, the recovering female alcoholic requires family therapy as an adjunct to any treatment program. With its basis in systems theory, family therapy recognizes and attempts to alleviate the affective damage created by the female's central family role during both the problem drinking period and the recovery process. The paper examines, from the female perspective, topics such as etiology, guilt, the influence of sex roles, and family communication patterns.

**Support for this project was provided by a grant from the Social Sciences and Humanities Research Council of Canada Aid to Small Universities Program Number 88-97-2147.

THE RECOVERING FEMALE ALCOHOLIC: A FAMILY AFFAIR

This work argues that to ensure a positive prognosis, the recovering female alcoholic requires family therapy as an adjunct to her regular treatment program. With its basis in systems theory, family therapy recognizes and attempts to alleviate the affective damage created by the female's central role during both the problem drinking and the recovery process. To demonstrate that the female alcoholic has somewhat of a different etiology and suffers differently from her male counterpart, and subsequently, requires this treatment strategy, the work begins with a profile of the female alcoholic. A second section examines how the family of the female alcoholic is affected, and a third section shows how family therapy attempts to deal with some of the relevant issues. Finally, two case studies are presented. This work concentrates on women who are mothers.

PROFILE OF THE FEMALE ALCOHOLIC

Beckman and Amaro (1984), in an article addressing the issue of women's use of alcohol treatment agencies, suggest four characteristics related to the individual that affect a person's ability to secure, and inclination to use treatment services. These are (1) predisposing factors; (2) attitudes toward alcohol, treatment, and health care in general; (3) personal enabling factors; and (4) social factors. These characteristics also provide a convenient method of expeditious insight into the nature of the alcoholic woman.

Predisposing factors include variables such as age and socioeconomic level. The female alcoholic generally begins drinking later (by about four to eight years) but reaches problem drinking more quickly (usually between the ages of thirty-five and forty-five) than her male counterpart (Curlee, 1970; Smart, 1979; Gomberg, 1981; Lester, 1982). Gomberg (1981) reports that there is often a definite precipitating event which brings the woman to problem drinking and that these women ". . . are more likely to have a problem drinking spouse or lover; it appears that women follow their men into alcoholic drinking more often than the other way around" (p. 148). In addition, husbands tend to leave alcoholic wives; the converse is not true, wives tend to stay with alcoholic husbands (McConville, 1983). Since women are paid less for their work and because of the tendency for husbands to leave alcoholic wives, these women are generally in a lower socioecomonic level. Smart (1979) found that alcoholic women had higher education levels than alcoholic men.

Regarding her attitude towards alcohol, treatment,and healthcare in general, an alcoholic woman drinks for different reasons than an alcoholic man and she likes to drink alone or with a primary group (Gomberg, 1981). Often she drinks to help alleviate feelings of having a powerless existence, to provide energy to attend to the many duties of the housewife/mother role, or to help deal with physical and mental problems related to menstruation. Biologically, female alcoholics have a high proportion of gynecological disorders (Curlee, 1970; Gomberg, 1981; Kinsey, 1976; Wilsnack, 1973) and many report that they have been sexually abused.

Researchers also report that female alcoholics have a more positive attitude toward treatment and healthcare. However, they are viewed as being sicker, more difficult to treat, and as having a poorer prognosis than male alcoholics (Badiet, 1976; Curlee, 1970; Fraser, 1976; Kinsey, 1966; Vannicelli, 1984). Further, their alcoholism is often hidden by families, physicians and especially spouses who prefer to view their alcoholic wives as crazy or insane rather than as alcoholic (Curlee, 1970).

In terms of personal enabling factors or personality traits, the research shows overwhelmingly that female alcoholics have a poor self-image and low self-esteem (Braiker, 1984; Finkelstein et al., 1981; MacAndrew, 1982/83; Steinecker, 1979; Wolfe, 1979). Lester (1982) suggests that although alcohol is a depressant, it makes a woman feel more energetic and confident so that she experiences a false sense of well being. MacAndrew (1982/83) studied the sober self, the ideal self, and the drunk self and found that the discrepancy between the way both male and female alcoholics ordinarily experienced themselves and the way they wished they experienced themselves was either eliminated or markedly reduced when they were drunk. In this study, females reported that they drank because they no longer felt shy, self-conscious, submissive, but rather, they felt self-confident, forceful, and less fearful when inebriated. MacAndrew describes it as gaining the freedom to be themselves. Perhaps this suppressive attitude might account for why so many female alcoholics suffer from more affective disorders, particularly depression.

Finally, social factors do not favour women. For one, the socialization process places women in the subordinate position.

Lester (1982) argues that, "As a result of the socialization process, both men and women assume different roles in behavior, goals, self-images, and life experiences. Women are often considered to be the second sex and are therefore expected to define themselves through relationships with father, husband, or children" (p. 453). Wolfe (1979) supports this perspective when she writes that, "The particular problem of women alcoholics cannot be understood without viewing the cultural forces that make them especially prone to some of these precipitating factors. Particularly powerful are those aspects of female role programming that lead to low self-esteem, assertiveness deficits, and guilt" (p. 197). Steinecker (1979) presents a similar argument when she purports that, "The role of women creates in women many of the characteristics attributed to drug and alcohol dependents. It is an inferior and limited role. Despite a change in the popular rhetoric about the role of women, the role itself remains unchanged" (p. 3). And Volpe (1979/80), referring to clients in a halfway house says that, "Regardless of the social standing - single, married, separated or divorced, women at the Milestone appear to link active alcoholism and recovery to their roles as women" (p. 44). Since society in general perceives women more negatively than men, it is not suprising that society too perceives alcoholic women more negatively than alcoholic men. Wilson (1980) points out that it is generally accepted that to have a mother who drinks heavily is worse than to have a father who is a problem drinker. In addition, society views the female alcoholic as immoral and bad. This might account for the guilt she suffers as a result of the effect of the alcohol on her relationship with her children.

While little systematic empirical research has been carried out on female alcoholism, it is generally accepted that female alcoholics differ substantially from their male counterparts (Annis & Leban, 1980; Vannicelli, 1984). Women have been neglected in treatment facilities which take an "add women and stir approach" to the traditional programs developed for men. Further,

" . . . whilst it has become something of a cliche to speak about alcoholism as a family problem, relatively little of the research or clinical literature explicitly considers the whole family and the way in which alcohol fits into the total pattern of family behavior" (Wilson, 1980, p. 101). In the past, those studies that did focus on this issue assumed that the alcoholic was male. However, this is changing. As Clemmons (1979) writes, "It is impossible to underestimate the impact of alcoholism on the family. In our society, the family can be visualized as a wheel with the mother as the hub. She is the center of the family and the one through whom everything is processed. When the mother is alcoholic, the whole system is affected" (p. 130). Consequently, I call for the addition of family therapy, not to replace the more traditional ones but as an adjunct to the main therapy mode. For when the mother is sick, the entire family is sick and this next section examines some of the ways this sickness is evinced.

THE AFFECTED FAMILY

The Children

While families of alcoholic females may suffer physical hardships, by far the most damaging hardships are the emotional ones to which they are subjected. This section characterizes some of the ways in which children and spouses might be adversely affected by a mother's drinking.

First, children raised with an alcoholic mother may not learn to trust. Langone and Langone (1980) state that, "They live in an atmosphere of half-truths and white lies. They learn that parents do not always mean what they say. They may experience verbal and physical abuse: they learn to place no reliance on words, but only on actions. They do not learn the meaning of shared responsibilities. They have few, if any rights" (p. 111). Consequently, children may feel frightened, anxious and neglected by the mother. Often they blame themselves for their mother's drinking, interpreting it as a sign that she does not love them. If the father abuses the mother in front of the children, further damage is incurred because regardless of the mother's condition, children maintain that the mother is special.

A second adverse effect of growing up with an alcoholic mother is that children receive unhealthy and peculiar messages about reality, believing their life to be normal. This in turn may affect the child's notion of relationships. For example, children growing up in an alcoholic environment might not get an accurate perception of how

healthy males and females relate to one another. Clemmons (1979) argues that if opinions are formed at an early age, a female child learns to relate to men in the same fashion that her mother related to her father and a male will expect women to treat him as he saw his mother treat his father. In addition, both sexes may come to view women as inadequate. Children learn to suppress emotions because when they saw Mom display her emotions, it usually prompted her to drink in order to escape these feelings.

Insecurity is a third factor to be considered. Due to the changes in the mother's drinking and nondrinking personalities, children endure an unpredictable relationship with her. There is fear that the marriage will break up and many children feel some responsibility for parental quarrelling (Wilson,1980). They are also faced with the inevitable question, "Will I become a drunk too?" Thus, it is not uncommon for the children to try drinking and not getting drunk in order to prove they are different from their mothers. Their success seems somewhat dubious. Langon and Langon (1980) report, "Children of alcoholics have a high frequency of alcohol misuse, antisocial behavior, neurotic symptoms and psychosomatic complaints" (p. 110).

Children growing up with an alcoholic mother learn not to trust, not to feel, and not to love. Only through intervention can children recover from the damage incurred by growing up in this type of environment and only when the children are healed, can the mother recover.

The Spouse

Little research has been conducted on spouses of female alcoholics because they tend to leave their wives, they see no reason why they should be involved in the treatment, and they often claim professional responsibilities as an excuse not to be involved. However, why husbands leave alcoholic wives in itself provides insight into their experience. They report that (1) they resented the time that the wife devoted to sobriety programs; (2) they were skeptical regarding the need for total sobriety; (3) they resented the stigma of having an alcoholic wife; (4) they thought the wife to be unreasonable when she didn't want to fix a cocktail before dinner; (5) they really wished that the wives had not quit drinking (Clemmons, 1979). The following excerpt further illustrates their feelings.

> . . this is not the person I married; we have nothing in common any more; she is boring now; there has been too much damage done to the relationship to be able to repair it; now that I know she can take care of the children I can do what I wanted to do several years ago - leave. (Clemmons, 1979, p.141)

Busch, Kormandy, and Feverlein (1973) found that before the wife became alcoholic, the husband assumed a passive position in the marriage; afterwards, he was more dominant. They later found that male spouses viewed themselves as less intelligent than their alcoholic wives, while the wives had a more positive view of the husbands than did the husbands themselves.

While it is difficult to secure information about the spouses of female alcoholics, conventional wisdom posits that they too are adversely affected by living with an alcoholic wife. This next section examines how the mother's drinking impacts on the family as a whole.

FAMILY THERAPY AND THE RECOVERY PROCESS

As families may be viewed as a system, and the alcoholic mother is part of that system, then the alcoholism may be viewed as a symptom of the family. And while children and spouses suffer individually, the family as a unit also suffers, particularly as the mother enters the recovery process. For instance, a family is a small group and as such, each member plays various roles. When one member ceases to play his/her role, other members must take over the vacant positions (Wilson, 1980). This is what happened when the mother was drinking and is essentially what happens again when the mother stops drinking. The father may feel replaced when the mother resumes the responsibility for children, he may experience a lack of control as the wife shares in decision making, he may no longer receive the pity and support he has become accustomed to receiving from friends and relatives, and the mother may no longer be used as a scapegoat. The father's negative reactions to this less dominating role may hinder and impede the mother's recovery process. While each member of the family needs therapy to adjust to the perspective new roles, the family itself needs therapy to learn how to work together as a unit recovering from alcoholism.

Family therapy intervention will work because it is based on general systems theory that can be defined as "the psychotherapeutic treatment of a natural social system, the family, using as its basic medium, conjoint interpersonal interviews" (Page, 1980, p. 170). Page further notes that, "The goals for treatment center on an improvement in the functioning, flexibility, and growth potential of the family

system as a whole rather than the more limited focus on reduction in drinking on the part of the identified patient" (p. 172). Erekson and Perkins (1989) discuss the notion of sub-systems. For example, children, mother/father, mother/children, father/children may be considered sub-systems. It is common in alcoholism literature, as in this paper, to report how alcohol and the alcoholic has affected children and spouse. However, if sub-systems are examined, then the effect that each has on the whole is also considered. This shifts the focus from the alcoholic to the family and their interactions.

Finally, family therapy allows the mother the opportunity to learn how the family experienced her alcoholism. For example, the recovering mother faces trauma as she learns about past events like placing her children in danger, long since forgotten in blackouts (Clemmons, 1979). Shame and guilt feature heavily in the character of the female alcoholic both before and after the onset of alcoholism (Clemmons, 1979; Finkelstein et al, 1981; Gomberg, 1987). Gomberg (1987) argues that one of the barriers to the treatment of shame and guilt lies ". . . in the complex motivation of spouse, parents, siblings, child, and other family members and close friends. Significant others may facilitate the therapeutic process or they may undo the progress made in treatment" (p. 147). I think that family therapy provides the intervention to ensure family functioning which will facilitate the mother's recovery process.

To guarantee the mother's long term success, family counseling is a must. First, it helps family members deal with the hurt they suffered during the mother's drinking years. Second, they learn to live together as a family again and third, it provides an avenue for

family members to learn the mother's feelings about her behaviour and its affect on them.

CASE STUDIES

Moira

Moira, 42, drank for the first time when she was sixteen and got so sick that she refrained from drinking for two years. But when she began the second time, she immediately lost control, drinking excessively and experiencing blackouts. At this time she was studying to become a nurse and although she drank heavily, she was quite successful. At 26, she married a man in the Navy and this marriage lasted seven years. During that time they adopted a son and Moira had a very good job at the Service Hospital. However, she continued her excessive drinking which lead to several affairs while her husband was at sea and to the eventual breakup of the marriage.

During the next number of years Moira had a series of live-in boyfriends and two more husbands. These men were either alcoholic or they drank heavily and at least 90% of them physically abused her, sometimes to the extent of having to be hospitalized. Her son was mentally abused by each of her partners. She feels that she also has an addiction to sex so as quickly as one relationship would break up, it would be replaced by another. The combination of alcohol, drugs, and her addiction to sex were responsible for the number of bizarre sexual encounters she has had.

Moira went through a stage where she drank less but did street drugs, and valium prescribed by a psychiatrist to combat her bad dreams and a chronic back problem. Recognizing her addiction to valium, she managed by herself, to stop taking this drug by increasing her alcohol intake during the withdrawal process.

After 1976, her periods of sobriety were longer than her drinking episodes. This was due to her attachment to alcoholic men, some of whom joined AA while she joined Al-Anon. It was the breakup of her final marriage that led her to treatment. Finding her husband with another woman, she would have killed both herself and her husband had she been able to get the bullets into the hunting rifle. Fortunately, this did not come to fruition and she left this man. Attending AA and Al-Anon meetings to help cope with this situation, she realized that she too was alcoholic when she heard someone relate "her story" at one of the AA meetings. She immediately made an appointment with an alcohol counselor and admitted she was an alcoholic.

One of the reasons she sought treatment was because she did not want to subject her son to what she had been exposed to during her childhood. Her father was alcoholic and she saw him experience delirium tremens when she was only eleven years old. Further, he physically abused the entire family. As Moira says,

> I hated my father, God I hated him, and I never wanted to be like him and I was. I was the abusive parent and I was the alcoholic..... Instead of what normal people would do, you would probably just spank a child on the backside or deprive them, well,

> I went for the extremes. Either I gave him everything his own way or I'd beat the hell out of him and when I started beating him, I couldn't stop - whoever was around would have to pull me off him. I wouldn't hit him in the face because I hated that, I'd go for the legs, try to cripple him. Now I say I'm sorry.

Moira never thought she had a drinking problem because she always managed to run a household and look after her son whom she never allowed to see her drunk. Through joint counseling, however, she discovered how her son was affected by her lifestyle. For instance, he had been dragged into her numerous relationships, mentally abused by each of her partners, and physically abused by his mother. She blamed his lying and stealing on the abuse he received from her partners and did not relate it to her alcoholism. She expresses great remorse for allowing this to happen to him.

After two years of counseling, Amon, her son, has been diagnosed as hyperactive and an attention deficit child. Moira is not sure if it is the ritalin which has been prescribed for hyperactivity, the therapy, the change in her behavior or a combination of all three, but she sees a 100% improvement in Amon's behavior. She and her son live alone now and at 15 years of age he no longer steals or tell lies, he helps around the house, he's showing Moira what he does in school and he calls when he is going to be late. Moira is being more sensitive to his needs and she is trying to build up his self-esteem.

He also sees changes in her. As she says, "I'm learning how to handle stressful situations without reaching for the bottle, smacking him across the face, or screaming like a maniac." Previously when Moira was hurt, she would immediately drink, find someone else, or take it out on her son but now she can talk to him. She informed me that a couple of days before I interviewed her that she and her boyfriend had broken up. She went storming into her son's bedroom, ranting and raving and demanding that he clean it. She said that she was really proud of him when he looked at her and said,

> "Mom, could you please tell me what's the underlying cause of this?"
> (Like he just totally knocked my socks off.)
> "There's nothing wrong Amon."
> "No mom, the underlying cause."
> (So we talked. I felt like a piece of shit again but I was so proud of him.)

Family, or in this case, joint therapy has proven very beneficial to Moira and her son. They both have gained insight into their relationship and each is working toward controlling debilitative behaviours and engaging in new facilitative interactional patterns. Moira feels that what she learned growing up in an alcoholic family was the only reality she knew, that to hit in anger was normal. She thinks that if people are physically, mentally, or sexually abused they will take that into their adult lives. She does not want this for her son. "The home in which you are brought up is the only role model you have and I hope that it is not too late for me and Amon."

Dana

Dana, a registered nurse in her fifties, has maintained her sobriety for almost thirteen years. She started drinking when she was twenty-one and although her progression toward alcoholism was insidious and progressive, she notes that at those early parties, she was the one who would always get sick, never having a sense of when to stop. From the onset of her drinking, she felt guilty and embarrassed the following day and thus she began a history of trying to hide the effects of alcohol.

When she and her husband married, they lived with his parents. She felt constrained by this arrangement and when she became pregnant with her second child, she demanded that they get a place of their own, which they did. After the birth of her son and her return to work, she found that drinking a glass of wine each night helped provide the energy to carry out her household duties. Eventually those evening glasses of wine became afternoon drinks. When a friend told her about putting a little vodka in her morning orange juice, she found it was a great way to get herself started.

She and her husband, a teacher, bought an old farmhouse where they spent summers and week-ends and it quickly became "party central." Dana says that at first they would buy a pint of liquor for the week-end, then it increased to a quart, and finally it was a "40 ouncer" as well as beer! Allan, her husband, "yelled" at her for drinking too much but she never believed him because he too was drinking. She began to hide liquor, sneaking drinks and trying to act sober, never once thinking that she had an alcohol problem because she did not drink every day.

Her husband thought that if she wasn't working, she would be able to stop or contol her drinking. So she quit her job, looked after, as best she could, her three children, (two sons and a daughter) and drank daily to the extent that her husband could no longer take her places as she lost control after a couple of drinks. Dana says that, "I didn't want to be that way and I didn't know I was that way. I didn't want the liquor, I needed it."

A series of crises over an eighteen month period exacerbated her drinking problem and eventually lead her to treatment. She had to abort her fourth pregnancy due to a severe case of varicose veins, a difficult decision for a devout Catholic. Her mother, with whom she felt she had a special relationship, broke her hip and died a few months after the accident. Dana was diagnosed as having cancer and was forced to undergo a hysterectomy. Lastly, she missed her oldest son's graduation due to drunkeness. She fell apart at Christmas when, for the first time, she engaged in round the clock drinking not only in her own home, but while a guest in another person's home. She describes her relationship with alcohol as follows:

> Soon it got a hold of me and I couldn't take a drink because I couldn't stop. I said a novena to control my drinking but it never entered my head not to drink. All my life I tried to control my drinking. I was just possessed to control my drinking and I couldn't.

She was taken to her family doctor who suggested she see a psychiatrist who in turn asked her why she was there. Dana related that she could not believe when she heard herself say, "Because I'm an alcoholic." The psychiatrist recommended therapy and on the encouragement of a trusted friend, a nurse at the local Detox Centre, she agreed to see a therapist. Although it was a struggle, she achieved sobriety through therapy and through the aid of an AA publication, "Do You have a Drinking Problem?" In addition to her regular therapy, her therapist also engaged in family therapy and Dana recognized how important this was to her recovery process.

> I impressed upon the kids, "If you want me to get better, you gotta be completely honest with him. And even though you're going to say things that might hurt me, if you don't want me to take a drink again, you gotta say them. Because I wanted to get better, I wanted those kids to say it if it meant for me to get better. And they were crying and I told them that if they don't do it, I'd pick up a drink. They didn't want to go and say anything against me . . . . So they got there and there were Rose and Art saying things, God it hurt . . . hearing that their mother drank too much. That really hurt and struck home how these kids are hurting.

The family had a difficult time during her early recovery period and the following excerpt indicates how family therapy helped Dana to understand more the reactive behaviours of family members.

> It's a family illness. Everyone is sick from it. Because of my drinking, Rose would look after things . . make the meals so Allan would be nice to her, take her shopping. Once I sobered up, Rose wasn't getting this attention. Rose would be kind of jealous - she was hard on me. I had to be big enough to speak up and realize what she was doing. I realized that the kids would do things because they were sick too.

Dana believes that counseling helped her family to adjust to the new roles that emerged when she gained sobriety. For instance, when she was no longer drinking, her husband had no reason to "yell" at her so instead he picked on their daughter. Rose was able to discuss her feelings with the therapist who in turn brought everything out into the open. Allan wanted Rose to stay at home and take a hairdressing course while Rose wanted to go off to university. Through family therapy, Allan saw that he had to let her go. Dana's oldest son was away at university during this period and she did not discuss him. However, her second son, Art further benefited. She felt that because he attended Al-Ateen, she could talk to him about everything. However, there were times when he would try to manipulate her and Dana feels that through therapy, Art became aware of this behaviour and she

learned how to respond to it. For instance, he might say that, "If you really loved me, you would make me a sandwich," to which she responded, "It's because I love you that I won't make you a sandwich. You are able to make it yourself."

Dana and Allan had a number of issues to work through and Allan was not as supportive as he might have been in those early days. He still drank and just two months into her sobriety, he insisted on a family skiing trip during the March break. These trips included a lot of drinking and parties. However, with the aid of antabuse, Dana managed to get through the week.

There were also sexual problems that needed attention. Allan had told the therapist that due to Dana's strict upbringing, she wasn't free sexually, that she was frigid. She saw him as being the more restrained of the two. Through counseling, both feel tremendously more relaxed in their love making. Dana also disclosed that she had been sexually abused by an older brother when she was a child. She found it difficult to disclose this information to me and said that many women in AA have been victims of this. She said that they will talk about their alcoholism but there is too much shame and guilt to discuss their abusive backgrounds. Although Allan and Dana were separated for a while, they now maintain an untraditional marriage where they spend week-ends together and she fondly refers to him as "her boyfriend." It is obvious from Dana's discussion of her relationship with Allan that there exists a caring and loving bond between them.

When Dana began family therapy, she had a son in university, a daughter in twelfth grade and a son in seventh grade. While she spoke little of her oldest son, away at university during her early sobriety, she expressed that because of family therapy, she enjoys a close relationship with Rose and Art. She thinks that they were healed during this process. Although her relationship with her husband may be a little unorthodox, it seems to be a nourishing one and one that is working. Dana attributes her family's effective functioning to intervention on the part of her therapist.

CONCLUSIONS

I think that the literature cited in this article and the two case studies presented strongly support the contention that women alcoholics have a different etiology and suffer differently from their male counterparts and thus they require a different treatment strategy to ensure a positive prognosis. Due to the mother's central role in the family, her treatment strategy must include family therapy which addresses the female role in relation to her family, it deals with

family sub-systems and their impact on each other and on the unit as a whole, it teaches the family new communicative styles, it provides a forum for family members to express and come to terms with how they were afflicted by the mother's drinking, and the mother can learn about incidents forgotten in blackouts and express her remorse for her actions. Most importantly, all family members learn that the family as a unit is also sick and must therefore recover as a unit.

Finally, Dana believes strongly that two factors influence whether a person will become alcoholic. One is being the recipient of sexual and/or physical abuse. The second is growing up in an atmosphere where alcoholism or the notion of alcoholism receives attention so that it becomes an issue in a person's life. There is some substantiation for Dana's argument in the literature which suggests that many women alcoholics have been abused and that alcoholism tends to "run" in families. This contention is further substantiated by the two case studies presented in this paper. Alcoholism was an issue for both Moira and Dana when they were growing up. Moira grew up with an alcoholic father and although Dana was raised in a strict Catholic home, alcohol was so frowned upon (because of alcoholic relatives) that while it was not present in the immediate family, it was given prominant status. Both Moira and Dana stressed that the shame, degredation, and guilt associated with their abusive backgrounds was soothed through alcohol, resulting in their abuse of and subsequent addiction to this drug. Both women further maintain that the debilitative communication styles learned in childhood were brought into their adult lives and imparted upon their families, thus continuing the cycle. If Dana's contention is accurate, then family

therapy, as an adjunct to a regular therapy method, is an intervention strategy that can break this cycle of dysfunctional communication - a dysfunctional communication style which is reactive to both an abusive background and to alcoholism and which may possess the power to perpetuate alcoholism within families. While this theory requires further contemplation and testing, in the meantime, family therapy may act as a "preventive medicine" for this dysfunction as well as heal the family members so as to ensure a positive prognosis for the ailing mother. Both Moira and Dana attribute their success in part to family therapy intervention.

References

Annis, H. and Liban, C. (1980). Alcohol in women: Treatment modalities and outcomes. In Kalante, O. (Ed.), Research advances in alcohol and drug problems. New York: Plemun Press.

Badiet, P. (1976). Woman and legal drugs: A review. In MacLennan, A. (Ed.), Women: Their use of alcohol and other legal drugs. Toronto: Addiction Research Foundation of Ontario.

Beckman, L. J. & Amaro, H. (1984). Patterns of women's use of alcohol treatment agencies. In Wilsnack, S. C. and Beckman, L. J. (Eds.), Alcohol problems in women. London: Gilford Press.

Braiker, H. (1984). Therapeutic issues in the treatment of alcoholic women. In Wilsnack, S. and Beckman, L. (Eds.), Alcohol problems in women. New York: Guilford Press.

Busch, H., Kormendy, E. and Feverlein, W. (1973). Patterns of female alcoholics. British Journal of Addiction, 68(3), 178-180.

Clemmons, P. (1979). Issues in marriage, family, and child counseling in alcoholism. In Burtle, V. (Ed.), Women who drink: Alcoholic experiences and psychotherapy. Illinois: Charles C. Thomas.

Curlee, J. (1979). A comparison of male and female patients at an alcoholism treatment center. The Journal of Psychology, 74, 239-247.

Dinaburg, D., Glick, I., Feigenbaum, E. (1980). Marital therapy of women alcoholics. In Eddy, C. and Ford, J. (Eds.), Alcoholism in women. Iowa: Kendall/Hunt Publishing Company.

Erekson, M.T. & Perkins, S. (1989). System dynamics in alcoholic families. Alcoholism Treatment Quarterly: Practictioners Quarterly for Individual, Group and Family Therapy, 6(1), 59-74.

Finkelstein, N. et al. (1981). Alcoholic mothers and guilt: Issues for caregivers. Alcohol Health and Rsearch World, 6, 45-49.

Fraser, W. (1976). The alcoholic woman: Attitudes and perspectives. In MacLennan, A. (Ed.), Women: Their use of alcohol and other legal drugs. Toronto: Addiction Research Foundation of Ontario.

Gomberg, E. (1981). Women, sex roles, and alcohol problems. Professional Psychology, 12(1), 146-155.

Gomberg, E. (1987). Shame and guilt issues among women alcoholics. Alcoholism Treatment Quarterly: Practictioners Quarterly for Individual, Group and Family Therapy, 4(2), 139-155.

Kinsey, B. (1966). The female alcoholic: A social psychological study. Illinois: Charles C. Thomas Publisher.

Langone J. and Langone, D. deN. (1980). Women who drink. Massachusetts: Addison-Wesley Publishing, Co.

Lester, H. (1982). The special needs of the female alcoholic. Social Casework, 63, 451-456.

MacAndrew, C. (1982-83). Drunkeness - Associated changes in the self-depictions of female alcoholics. American Journal of Drug and Alcohol Abuse, 9(3), 355-366.

McConville, B. (1983). Women under the influence. Great Britain: Virago Press.

Page, A. (1980). Counseling. In Women and alcohol. Camberwell Council on Alcoholism. New York: Tavistock Publications.

Slobota, S. (1974). The children of alcoholics: A neglected problem. Hospital and Community Psychiatry, 25, 605-606.

Smart, R. (1979). Female and male alcoholics in treatment: Characteristics at intake and recovery rates. British Journal of Addiction, 74, 275-281.

Steinecker, S. (1976). The changing role of women. In MacLennan, A. (Ed.), Woman: Their use of alcohol and other legal drugs. Toronto: Addiction Research Foundation of Ontario.

Vannicelli, M. (1984). Barriers to treatment of alcoholic women. Substance and Alcohol Actions / Misuse, 5, 29-37.

Volpe, J. (1979/80). Links to sobriety. Alcohol Health and Research World, Winter, 39-44.

Wilsnack, S. (1978). Prevention of alcohol problems in women: Current status. Alcohol Health and Research World, 3, 23-31.

Wilson, C. (1980) The family. In Women and alcohol. Camberwell Council on Alcoholism. New York: Tavistock Publications.

Wolfe, J. (1979). A cognitive/behavioral approach to working with women alcoholics. In Burlte, V. (Ed.), Woman who drink: Alcoholic experiences and psychotherapy, Illinois: Charles C. Thomas Publisher.